

DO UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000077273**

1. Entity Name

Gateway Communications of Lake City, Inc

Principal Place of Business

Mailing Address

**435 Gwentlake Blvd.
Lake City FL 32055**

same

2. Principal Place of Business

435 Gwentlake Blvd

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lake City FL

same

Zip

Country

Zip

Country

32055

U.S.

same

U.S.

4. FEI Number

59-3471599

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Robert F. Jordan
300 Circle Dr.
Lake City FL 32055**

Name **James R. Grimsley**
Street Address (P.O. Box Number is Not Acceptable)
435 Gwentlake Blvd.
City **Lake City** FL Zip Code **32055**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

James R. Grimsley

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10-3-00

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director/owner	<input type="checkbox"/> Delete
NAME	Linda Grimsley	
STREET ADDRESS	435 Gwentlake Blvd.	
CITY-ST-ZIP	Lake City FL 32055	
TITLE	Director	<input type="checkbox"/> Delete
NAME	James A. Grimsley	
STREET ADDRESS	435 Gwentlake Blvd.	
CITY-ST-ZIP	Lake City FL 32055	
TITLE	Director	<input checked="" type="checkbox"/> Delete
NAME	Robert F. Jordan	
STREET ADDRESS	300 Circle Drive	
CITY-ST-ZIP	Lake City FL 32055	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James R. Grimsley	
STREET ADDRESS	435 Gwentlake Blvd.	
CITY-ST-ZIP	Lake City FL 32055	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	800003429388--8	
STREET ADDRESS	-10/19/00--01025--002	
CITY-ST-ZIP	*****61.25 *****61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James R. Grimsley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-3-00

Date

904-719-6747

Daytime Phone #

CR2E034 (9/99)